



Office of Human Resources

P.O. Box 9023, Rockville Centre, N.Y. 11571-9023
Tel: 516-678-5800 • Fax: 516-678-9566 • www.drvc.org/hr

STATUS CHANGE FORM

EMPLOYEE: _____ TODAYS DATE : _____

CURRENT TITLE: _____

DATE CHANGE EFFECTIVE: _____

REASON: _____

TITLE CHANGE

NEW TITLE: _____

[] New Title to Better Reflect Position

[] Promotion

New Job Code

New Department

New Dept ID

[] Change In Payroll Allocation

Allocation : _____ % to Payroll Dept. _____ % to Payroll Dept. _____

CHANGE IN MANAGER

Current Manager: _____ New Manager: _____

SALARY CHANGE

Current Salary: _____ [] 40 [] 35 [] Part Time ____ Hours Per Week

New Salary: _____ [] 40 [] 35 [] Part Time ____ Hours Per Week

Reason: _____

New Salary Code: _____ New Salary Range: _____ - _____ - _____
MINIMUM MIDPOINT MAXIMUM

Pay is: [] Bi-weekly (Hrs per Wk X 2) [] Semi-monthly (Hrs per Wk X 52/24) [] Monthly (Hrs per Wk X 52/12) [] Per Event

First Payroll For Change: ____/____/____

CHANGE IN WORK SCHEDULE

Current Work Schedule (Circle Days): S M T W TH F S ____ Hours per day

New Work Schedule (Circle Days): S M T W TH F S ____ Hours per day



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CHANGE IN STATUS

Exempt from overtime as determined by Job Code/FLSA Status

\$ _____ **Annual Salary** OR \$ _____ **Per Event/Hour**

Non-Exempt as determined by Job Code/FLSA Status

\$ _____ **Annual Salary** \$ _____ **Hourly Rate** \$ _____ **Overtime Pay Rate over 40 in any one week**

Eligible for Health and Welfare Benefits Effective Date: _____

Eligible for 403(b) Defined Contribution Plan Effective Date: _____

MANAGER SIGNATURE: _____

HR PREPARER: _____

ON THIS DAY, _____, I HAVE BEEN NOTIFIED OF MY PAY RATE, OVERTIME PAY RATE (IF ELIGIBLE), AND I HAVE TOLD MY EMPLOYER THAT MY PRIMARY LANGUAGE IS:

ENGLISH, **SPANISH**, **RUSSIAN**, **POLISH**, **CREOLE**, **KOREAN**, **CHINESE**, **OTHER** _____

EMPLOYEE SIGNATURE: _____ **DATE :** _____